

Virginia Department of Transportation

Adopt-a-Highway Permit Application

		pickups, and request permission		
Name of Group/Individual:				
Type of Group (please circle	the closest match): Famil	y/friends Individual Busir	ness School group	
Community Group Fa	aith-based Organization	Private Club Government/mil	itary Miscellaneous/other	
Primary Contact:		Secondary Contact:		
Email Address:		Email Address:		
Phone (home):	(work):	Phone (home):	(work):	
Mailing Address:	I	Mailing Address:		
City: State	e: ZIP:	City: State	e: ZIP:	
Board, members of the board, the damage or liability arising from This permit may be termined.	he Commonwealth, and all C n the exercise of the privileges nated by the Virginia Departs plicants' work is deemed un	ment of Transportation at any time safe or causes a conflict with traffic	and officers, from responsibility, the applicants do not comply with	
,	ween the ages of 10 and 18	8 participating The n	umber under age 10	
Describe any special sa	fety precautions that migh	nt be required due to a participa	nt's condition (e.g., uses a	
wheelchair)				
Route Information (if you a	are adopting more than on	e route, please provide addition	nal information on the back)	
Permission is requested section begins at	l to "adopt" a section of R	oute in	County. The and ends	
at			for a total of miles.	
•		dopt-a-Highway sign (limit to 4	0 1 ,	
I have read and I understand regarding participation in the	d the Adopt-a-Highway C he program:	onditions and the Adopt-a-High	hway Safety Guidelines	
Applicant s signature			Date	

	Coordinator:		
	Residency:		
	Address:		
	City/Zip:	Eip:Phone:	
Additional Routes			
Permission is requested to "adopt" a section of Routesection begins at			•
at			
Permission is requested to "adopt section begins at			•
at		fo	r a total of miles.
	Notes		
PERMISSION is hereby given insofar as the Ol2(3).1-197, and 33.1-198 of the Code of Virgi work as described.			
Residency Administrator		Date	

Please return this completed form to: